

Completing the request form

The LISS Request Form is divided into five sections to collect information about the applicant. The applicant is the person in need of the service or support, not the parent, case manager, or resource coordinator. Please complete as follows.

SECTION 1 PROGRAM INFORMATION

This section of the request form includes an overview of the LISS program and requirements, including:

1. Applicant eligibility requirements
2. Eligible services and items
3. Application periods, and
4. Submission requirements

SECTION 2 APPLICANT INFORMATION

This section collects applicant information. If a parent or authorized representative is completing an application for a child or adult, please use the individual's information. If providing resource coordination, or case management services, please use the person's information receiving the service.

1. Write the applicant's last name, first name, and middle initial in the indicated area.
2. Write the applicant's home address.
3. Write the telephone number (home, work, or cell) where the LISS agency may contact the applicant, parent, or authorized representative if there is a question about the request.
4. Write the e-mail address where the LISS agency may contact the applicant, parent, or authorized representative if there is a question about the request.
5. Write the applicant's gender, date of birth, and Social Security number in the indicated areas.
6. For applicants age 18 and older, write the Medical Assistance number or the date an application for MA was submitted to the Department of Social Services.

SECTION 3 REQUEST INFORMATION

This section collects information about the service or item requested and service provider or vendor. The LISS request must include a service or item written on the request form.

1. Column 1: Clearly identify the service or item by writing clearly in the indicated areas; ensure the service requested matches the service listed on the included invoice.
2. Column 2: Clearly write the name, address, and telephone number of the business or service provider.
3. Column 3: Clearly, write the telephone number of the service/item provider.
4. Column 4: Clearly write the cost of the service or item.
5. Column 5: Clearly write the dates of service, if applicable.
6. Column 6: Clearly state the hourly, daily, or weekly rate, if applicable.

SECTION 4

APPLICANT CHECKLIST

This section is a checklist to help the applicant, parent, or the authorized representative gather the ***required*** information to send with the application.

Before mailing your request, please use this checklist as a guide to help you gather the information that should be included.

- ☐ **A copy of the applicant's social security card** - Please ensure the number is readable.
- ☐ **Proof of address** - Examples includes a current household utility statement, copy of current Individualized Education Program or Individual Plan, or current state issued photo ID.
- ☐ **Proofs of developmental disability** – **Examples include** a letter from licensed professional, DHMH letter, or a current IEP that clearly states a diagnosis.
- ☐ **Estimate or Invoice**- Please be certain a copy of an estimate or invoice is readable.

SECTION 5

APPLICANT DECLARATION

This section is where the applicant, parent, or authorized representative sign agreement to the request. It is important to read this area very carefully before signing.

1. Sign, date, and print the applicant's name. **Note:** If an authorized representative is completing the request for another person, he or she should sign his or her name in this area.
2. If the applicant would like someone else to receive information regarding the LISS request, also please include that person's information in the indicated area in this section.

IMPORTANT INFORMATION

Incomplete and illegible applications will be returned and the applicant will have the opportunity to submit a complete request prior to the end of the application period.

- a) Provide a fully completed request form, identifying the service or item requested.
- b) Provide proof of eligibility (read Eligibility section for more information)
- c) Please print clearly